

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020215

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2769

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 29 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>3342 Gillham Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Breathitt</u> Middle <u>Lanson</u> Last <u>Mayes</u>			4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-1878</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock Comm.</u>		11. BIRTHPLACE (City and state, or country) <u>Montserrett, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Scott Mayes</u>		13b. MOTHER'S MAIDEN NAME <u>(Unknown) Lee</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellen T. Mayes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>			
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Mrs. Bernadine Sterrett, 3342 Gillham Rd.</u>			

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Branchio-Pneumonia Viral</u> DUE TO (b) <u>Virus</u> <u>Anterio-Sclerosis Cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Tubercular Pulmonary</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>Fell at home fractured femoral neck of the right femur</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Jackson - Kansas City</u>	COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>4-15-63</u> to <u>5-12-63</u> and last saw him alive on <u>5-12-63</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>Don Carlos Pector</u>	22b. ADDRESS <u>1500 Prof. Bldg</u>	22c. DATE SIGNED <u>5-13-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-15-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>	ADDRESS <u>20 W. Linwood</u>	25. DATE RECD. BY LOCAL REG. <u>5-13-63</u>	26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>
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K. C. No. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
DON CARLOS PECTOR
MEDICAL CERTIFICATION

Dr. Don C. Peete

U.S. 11450

until 6 P.M.

Prof. Bldg
S

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hayden I. Dickman

Licensed Embalmer No. 5120

P. O. Address KC 11, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.